

Dr. Brown

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001155

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 190

FILED FEB 11 1963

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
Length of stay in 1b 50 YRS.		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HANDLEY HOSP.		d. STREET ADDRESS (If outside, give location) 1058 W. WALNUT	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDA Middle FLORENCE Last McEVILLY		4. DATE OF DEATH Month FEB. Day 2 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/15/91
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 71 Days 71 Hours 71 Min. 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) FARMINGTON, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ISAAC THOMAS SMALLEY		13b. MOTHER'S MAIDEN NAME HULDA ELLAN SMITH	
14. NAME OF HUSBAND OR WIFE CHARLES McEVILLY (DEC.)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT MRS. FRED GILBERT, SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Disease DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I, (a) PART III. If deceased was female: was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 12:05 a.m. P.M. Month, Day, Year 2/2/63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION SPRINGFIELD, MO.		COUNTY GREENE STATE MISSOURI	
21. I attended the deceased from 2/2/63 to 2/2/63 and last saw her alive on 2/2/63 Death occurred at 12:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lynnan D. Brown M.D.		22b. ADDRESS 311 1/2 College	
22c. DATE SIGNED 2/5/63		22d. LOCATION (City, town, or county) SPRINGFIELD, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/5/63	
23c. NAME OF CEMETERY OR CREMATORY EASTLAWN		23d. LOCATION (City, town, or county) SPRINGFIELD, MO.	
24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 2-6-63	
26. REGISTRAR'S SIGNATURE Effie S. Melton		27. ADDRESS SPRINGFIELD, MO.	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

Permit 2-4-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leif Swadlow

Licensed Embalmer No. #815

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.